Daily Meals Served Checklist
Off-Site Feeding Program

Program _____ Date_____

Elig. Code	Name	DOB	Brk.	Lun.

Elig. Code	Name	DOB	Brk.	Lun.

Adults Meals Sold:

Breakfast _____ X $ _____ = $ _____

Lunch _____ X $ _____ = $ _____

I verify that this was completed correctly as meal were served.

Site Staff Signature _____

Date _____

For Cafeteria Use Only

No. of Breakfast Served:

Free _____ X $ _____ = $_____(a)

Reduced _____ X $ _____ = $_____(b)

Full Price_____ X $ _____ = $_____

No. of Lunched Served:

Free _____ X $ _____ = $_____(c)

Reduced _____ X $ _____ = $_____(d)

Full Price_____ X $ _____ = $_____

Total Cash Collected $_____(e)

Total Breakfast & Lunch Sales (a+b+c+d) $_____(f)

Over / (Short) (e-f) $_____

Prepared by: _____

Date _____

Approved by: _____

Date _____

School _____

Form #38.25 (07/18)